



# CJW Medical Center

Chippenham & Johnston-Willis

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REGION 1

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December 13, 2004

Division of Nuclear Materials Safety – Medical Branch  
United States Nuclear Regulatory Commission  
Region 1 – Division of Nuclear Materials Safety  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

03008805

X

RE: Renewal of License ~~45-0288-01~~ 45-15249-01  
New

Chippenham and Johnston-Willis Hospitals, Inc. d/b/a CJW Medical Center, would like to renew its materials license number ~~45-0288-01~~ 45-15249-01. The Radiation Safety Officer, Medical Physicists, and Authorized Users, remain as listed in Amendment No. 37, dated May 21, 2004, and our request for Amendment dated October 5, 2004, to add Dr. James F. Snyder for 35.100, 200, 31.11 and removal of authorized users Drs. Maurice Mullins and Brian R. J. Williamson. All of the applicable policies and procedures remain as described in Amendment number 37 and the reference documentation listed under Condition 19.

If you have any questions regarding this renewal, please contact Ms. Elizabeth Huff at (804) 330-2344, ([Elizabeth.Huff@HCAHealthcare.com](mailto:Elizabeth.Huff@HCAHealthcare.com)).

Sincerely,

Tracy Kemp Stallings, COO  
CJW Medical Center

/emh



Chippenham Campus 7101 Jahnke Road, Richmond, VA 23225 / tel: 804.320.3911 / main fax: 804.323.8953 / admin. fax: 804.323.8049  
Johnston-Willis Campus 1401 Johnston-Willis Drive, Richmond, VA 23235 / tel: 804.330.2000 / main fax: 804.330.2233 / admin. fax: 804.330.2313

AN HCA RICHMOND HOSPITAL • [www.CJWmedical.com](http://www.CJWmedical.com)

136164



NM36/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

12/13/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ RENEW 45-15249-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136164.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	-----
	:	
License Fee Management Branch, ARM	:	Program Code: 02310
and	:	Status Code: 2
Regional Licensing Sections	:	Fee Category: 7C 2B
	:	Exp. Date: 20050131
	:	Fee Comments: CODE 33
	:	Decom Fin Assur Req'd: N
	:	::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: CJW MEDICAL CENTER  
 Received Date: 20041220  
 Docket No: 3008805  
 Control No.: 136164  
 License No.: 45-15249-01  
 Action Type: Renewal

2. FEE ATTACHED

Amount:             
 Check No.:           

3. COMMENTS

Signed M. A. Perkins  
 Date 12/22/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_